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**CONFIRMATION NO. 3502** 

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	ATIONS ************************************		** SMALL E	ENTITY	**			
I35 USC 119 (a-d) conditions I I IVI I I I I T			STATE OR COUNTRY MD	DRAWING CL		CLAI	OTAL INDEPENDEN LAIMS CLAIMS 20 3	
ADDRESS Ashok K. Shulka 10316 Kingsway Cour Ellicott City, MD21042								
TITLE Incision-based filtration	n/separation pipette tip							
RECEIVED No.	S: Authority has been given in Paper to charge/credit DEPOSIT ACCOUNT for following:				☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees ('Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit			